



Clerk of the Assessment Appeals Board

Assessment Appeals Division

400 W. Civic Center Dr, Room 110

Santa Ana, CA. 92701

(714) 834-2331 ** FAX (714) 834-4185

Robin Stieler

Clerk of the Board

Irene Muro

Assessment Appeals Division Manager

Confirmation of Appearance

To: The Orange County Clerk of the Assessment Appeals Board

From: _____

(Please print.)

Re: Application Number(s):

Parcel/Assessment Number(s):

☐ Additional affected applications numbers are listed on attachment.
Number of pages attached: _____

I hereby confirm my appearance at the following Assessment Appeals Board hearing for the above-referenced Application(s) for Changed Assessment.

Date: _____

Month

Day

Year

At: Old County Courthouse

211 W. Santa Ana Blvd., Hearing Room _____

Santa Ana, CA 92701

Applicant's/Agent's Signature

Date

Print Name

Title

Instructions

Complete the form. The form must be completed by the property owner, his/her authorized agent/attorney, an authorized employee, partner or corporate officer.

Insert the application number(s) and related parcel/assessment number(s) that are scheduled at the Assessment Appeals Board hearing.

If necessary, please check the box to indicate more application numbers are listed on an additional attachment(s) and submit it(them) with the form.

Sign and date the form.

Print the name and title of the person signing the form.

Keep a copy for your records.

Fax completed form to (714) 560-4592.

Or, mail or submit in person completed form to:

Clerk of the Board Department

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